

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

U. S. Application No. 1015 6379 Sharitta Burt, Paralegal

Publication Date 12/11/03

Publication No. WO 03 101734 PCT/RO/101

Copy of ISR JP, Copy of IPER _____

Assignee information:

Priority Info: Country JP No. 2002-151106 date 5/30/02 MORE (turn over)
Correspondence checked: 26530

Inventor Name checked: F Kazuhiro L ABE

Inventor Residence city: Tokyo, state and/or country JP citizenship: JP

International Application No. PCT JP03, 06739 Language JaP

Copy of ISR: ✓

Copy in International Application: ✓; Translation: yes ✓ no _____ spec. page no. _____

371 Filing Fees: 950; meets Art. 33(2)-(3) Low fee applies: _____

Total Claims: 14 Chargeable 14 Independent 1 multiple 16

Number of drawing Sheets: 4 Foreign language: _____

Oath/Declaration: ✓; signed ✓ unsigned ✓ defective ✓ completed 11/30/04

Small entity fee: _____; SME papers: yes ✓ no _____

Bio Seq. Diskette: _____ entered _____ Bio Seq. Listing: _____ statement _____

References _____

Copy of IPER: _____; Annexes: _____ entered _____ not entered _____

Preliminary Amendment(s): ✓ date: 11/30/04; 2nd amendment date _____

IDS: ✓ DATE: 2/11/03 2nd DATE _____

Request for Immediate Examination: ✓

Substitute Specification: _____ date: _____

Assignment: ✓ forwarded to Assignment branch date 10/11/05

Priority Document(s): ✓ date 11/30/04; Number of copies included 3

Power of Attorney: _____

Abstract: ✓, Article 19 Amendment: _____; replaced by Article 34 Amdt. _____

Date of 35 USC Receipt of Request: 11/30/04 Notes: _____

Date Completion USC 371 Requirements: 11/30/04

Notice of Missing Requirements: _____

Notice of Defective Response: _____

Notice of Acceptance: Q1/11/05

Notice of Abandonment: _____ Petition to Revive: _____; Petition 1.47: _____

Other forms: _____ Extension of time: Number of months _____

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Continuation from the front

ity info: country JP No. 2002-315809 Date: 10.30.02
ity info: country JP No. 2002-334952 Date: 11.19.02
ity info: country _____ No. _____ Date: _____
ity info: country _____ No. _____ Date: _____